

## DOCUMENT RESUME

ED 112 566

EC 073 753

AUTHOR Goddu, Roland; Tufts, Jean  
TITLE Guidelines for Accreditation of Private Schools for the Handicapped: Report on Project.  
INSTITUTION New England Program in Teacher Education, Durham, N.H.  
SPONS AGENCY Massachusetts State Dept. of Education, Boston. Bureau of Special Education.  
PUB DATE Feb 75  
NOTE 143p.  
  
EDRS PRICE MF-\$0.76 HC-\$6.97 Plus Postage  
DESCRIPTORS \*Accreditation (Institutions); Educational Programs; \*Evaluation Criteria; Exceptional Child Education; Guidelines; \*Handicapped Children; Instructional Staff; \*Private Schools; School Services; \*State Standards; Student Characteristics  
IDENTIFIERS \*Massachusetts

## ABSTRACT

Presented are guidelines for accreditation of private schools for the handicapped in Massachusetts in terms of six areas: student characteristics and educational program information, physical facilities, personnel, support services, operational services, and administrative services. Section 2 is the Application for Accreditation of Private Special Education Programs; listed in Sections 2-8 are the questions to be addressed during the institutional self-evaluation; and Sections 9 and 10 are for the site visit and final decision phases of the evaluation. (SB)

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GUIDELINES  
FOR  
ACCREDITATION OF PRIVATE SCHOOLS  
FOR THE HANDICAPPED

developed for  
Massachusetts Department of Education  
Division of Special Education

by  
The New England Program in Teacher Education

February 20, 1975

REPORT ON PROJECT  
DEVELOPING GUIDELINES  
FOR EVALUATING PRIVATE SCHOOLS  
FOR THE HANDICAP

The purpose of this study was to develop a format which organizes the information of all dimensions of a residential or day private special education agency so that it can be properly evaluated by the Massachusetts Division of Special Education.

The task was undertaken in April of 1974 with a grant from the Massachusetts Department of Education, Division of Special Education to the New England Program in Teacher Education.

The activities of the project fell into three broad areas: 1) the preparation of a preliminary draft of guidelines for education; 2) the field testing of the guidelines in actual schools; 3) the preparation and final set of guidelines for the Division of Special Education.

#### The Preparation of Preliminary Guidelines

The first step in the preparation of the guidelines was a clarification of the scope of the tasks and issues to be addressed. Several meetings were held with Mr. William Ferris, and Mr. Kent Roberts, Lakeside School, Peabody, Mass. in May. Two visits were made to Lakeside School to observe characteristics of a private day and residential school in operation.

An extensive study of existing formats for the evaluation of educational programs was conducted by the staff. Documents developed for the evaluation of specialized programs for particular handicaps were studied as well as existing formats for the evaluation of public schools, day care programs, and hospital facilities. A list of the documents reviewed is found in the bibliography. In addition evaluation guides developed by the State Departments of Special Education in New Hampshire and Vermont were reviewed.

Meetings and consultations were held with personnel from state personnel of special education, administrators and educators throughout New England. The involvement of potential users of the final document was an important

consideration in asking these people to review the document. A list of persons contacted is included with this report (Appendix A). Also discussed were key issues and information needed for quality discrimination, practical application of instruments, and type of information needed.

Four site visits were made to schools serving the handicapped prior to the preparation of a preliminary set of guidelines. These include two visits to Lakeside School, Peabody, Massachusetts, one visit to the Rockingham School for Special Children, Exeter, New Hampshire, and one to the N. H. Vocational Technical School, Claremont, New Hampshire (a program for vocational education for deaf students in the regular classrooms).

Following these activities, a preliminary format was developed by the staff. The areas considered for evaluation included:

Educational Programs

Physical Facilities

Personnel

Ancillary Services

Support Services

Operations

Administration

The preliminary guide was submitted to the Massachusetts Division of Special Education for review prior to any site visitations.

#### Field Test

The second major phase of the project was begun in late May. A list of schools receiving students from the Mass. Department of Education, Division of Special Education was reviewed to select schools for site visits.

Schools were selected which represented all the kinds of schools; residential and day, and the types of handicaps served. An attempt was made to select both residential and day schools as well as schools serving particu-

lar handicaps. A list of eight schools were selected for field visits. This list was submitted for review by the Mass. Department of Special Education prior to final selection.

Letters were sent to eight schools requesting their cooperation and setting a date for the site visit. A copy of the letters and a list of the schools is included in Appendix B. Due to the timing of the school year, several of the schools were not going to be in session after June 15th or were in the middle of exams and graduation plans. However, four field visits were completed. These included the following schools:

Governor Center School, Providence, Rhode Island

Landmark School, Prides Crossing, Massachusetts

Meeting Street School, Providence, Rhode Island

National Rehabilitation Center, Leesburg, Virginia

The schools which were closing for the year included:

The Austine School for the Deaf, Brattleboro, Vermont

Crochet Mountain School, Greenfield, New Hampshire

Roger Graves School for the Blind, Paoli, Pennsylvania

Elwyn Institute declined a visit until the fall of 1974.

Preliminary material was sent to the schools at least three weeks before the visits to allow the school personnel to gather the necessary materials.

Field visiting teams were selected to include people currently involved in special schools, State Department Personnel, and consultants with experience in evaluating programs for the handicapped. A list of the visiting teams is included in Appendix D. The visiting teams were familiarized with the format and content of the Preliminary Guidelines.

Each visit consisted of a full day spent at the school. During the first hour, the administrative staff of the school and the visiting team discussed the purpose and scope of the Preliminary Guidelines and the schedule of the

days activities. Visiting team members were assigned to cover three areas of the guidelines. The NEPTE staff member involved in the visit reviewed the total guidelines with the administrators in great detail. Usually this review was on a page-by-page basis with the administrators making comments and suggestions wherever appropriate.

Following the visit, the team came together to prepare a report on the results of their visit to the group. Written total suggestions were gathered and each section of the Guidelines was evaluated. Those changes which would improve the document were noted in a Master Draft for final revision.

It should be noted that due to the time frame, the schools were not able to complete a self-evaluation with the material returned to NEPTE prior to the visit but the checklists were tested by the field team. However, one school, the Landmark School, did complete the self-evaluation phase of the Preliminary Guidelines during the summer and early fall.

#### Revision

The final phase of the study included a review of the information gathered during the field visits. The suggestions were collated and reviewed thoroughly by the staff. Several substantive changes were necessary. Suggestions which were made include:

1. The document was too long and detailed
2. The Personnel section needed to be made more concise
3. There was an overlap in the information requested between one section and the next
4. The categories of handicaps did not conform with those established by the Mass. Department of Education, Special Education, as a result of Charter 766.

The final report was revised, edited, and submitted with this report.

### Further Steps

One interesting result of this study was the attention that several national organizations gave it. NEPTE was requested to submit a proposal to a Regional Organization and two National Organizations to develop the guidelines on a regional and national basis. The National Association of State Directors of Special Education and the National Study of School Evaluation are currently reviewing the proposals submitted, as is the New England Association of Schools and Colleges.

A major concern of note voiced at all sites visited is that as State Departments of Education have become more concerned with evaluating educational programs for the handicapped, they have each been developing guidelines for such evaluations. Each state requires completion of a different form. As a result, each school receives many such guidelines and site-visits.

Also, consideration should be given to training State Department personnel and consultants in the use of these or any guidelines selected.



## APPENDIX A

### Persons Consulted

1. Mr. William Ferris  
Mass. Department of Education  
Department of Special Education
2. Mr. Kent Robarts  
Acting Director, Lakeside School  
Peabody, Massachusetts
3. Ms. Karen Schubart  
Director of Special Education  
Exeter, New Hampshire
4. Mr. Arthur Jillette  
Director of Special Education  
N. H. State Department of Education
5. Ms. Jean Garvin  
Director of Special Education  
Vermont State Department of Special Education
6. Mrs. Nancy Warren, Principal  
Rockingham School for Special Children  
Exeter, New Hampshire
7. Mr. T. Holmes Moore  
President, New Hampton School  
New Hampton, New Hampshire
8. Mr. Richard Bradley, Chairman  
National Study of School Evaluation  
Arlington, Virginia
9. Mr. Ralph West, Director  
New England Association of Schools and  
Colleges, Inc.
10. Mr. Andy Anderson  
Executive Director, National Association  
of State Directors of Special Education
11. Ms. Barbara Schiever  
National Special Education Information Center  
Washington, D. C.
12. Mr. Manfred Drewski  
Special Education  
N. H. State Department of Education
13. Mr. John Pitman  
R. I. State Dept. of Education  
Providence, Rhode Island
14. Dr. Alexander Plante  
Hampden-New Haven Cooperative  
Education Center  
Hampden, Connecticut
15. Mr. Robert Avery  
Hampden-New Haven Cooperative  
Education Center  
1450 Whitney Avenue  
Hampden, Connecticut
16. Mr. Robert Ho  
Maine Department of Education  
Augusta, Maine
17. Dr. Charles Drake  
Landmark School  
Prides Crossing, Massachusetts
18. Ms. Esther D'Orsi  
Governor Center School  
75 John Street  
Providence, Rhode Island
19. Mr. Richard Lane, Headmaster  
Austine School for the Deaf  
Brattleboro, Vermont
20. Dr. Jason Boynton  
Center for Educational Field Svcs.  
Durham, New Hampshire
21. Mr. Robert Henderson  
National Alternative Schools  
Program, School of Education  
University of Massachusetts  
Amherst, Massachusetts
22. Mr. Paul Walker  
University of Maine  
Portland/Gorham  
Gorham, Maine

## APPENDIX B

### Schools Selected for Field Visiting

National Rehabilitation Center  
Leesburg, Virginia

Landmark School  
Prides Crossing, Massachusetts

Roger Greaves School for the Blind  
Paoli, Pennsylvania

Elwyn Institute  
Elwyn, Pennsylvania

Governor Center School  
Providence, Rhode Island

Meeting Street School  
Providence Rhode Island

Lakeside School  
Beverly, Massachusetts

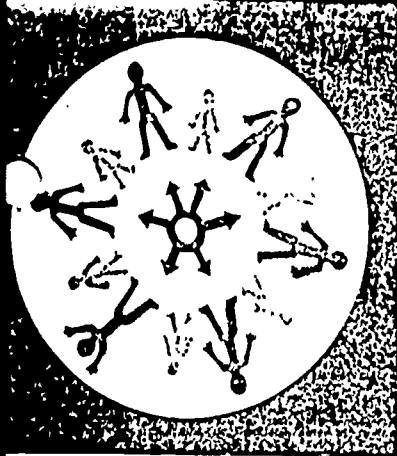
Austine School for the Deaf  
Brattleboro, Vermont

Crochet Mountain School  
Greenfield, New Hampshire

## APPENDIX C

Copy of letter sent to the Schools Selected for Field Visits

1. 1.



# The New England Program in Teacher Education

A Program of the New England Regional Commission

Peltee Brook Offices, Durham, New Hampshire 03824

Telephone 603-868-5566 -

May 23, 1974

Esther D'Orsi, Director  
Governor Center School  
75 John Street  
Providence, RI 02903

Dear Ms. D'Orsi:

Under a contract with the Massachusetts State Department of Education, Division of Special Education, the New England Program in Teacher Education is developing standards and procedures for the Evaluation of Private Schools for Children with Special Handicaps. The Mass. Department plans to use the product of this study to involve institutions which receive tuition students from Massachusetts in a program evaluation.

The planned evaluation process will include the following steps:

1. An information gathering process by the institution
2. An on-site evaluation visit
3. A review of the materials and observations by the on-site evaluation visit

Your institution has been selected for a field visit in early June. You will be receiving an application and information gathering package next week from us. Please complete the information package. We will collect it when we make an on-site visit.

We would like to plan a pilot test on-site visit on Monday June 10th, 1974. We will plan to arrive at the school at 9:00 and will bring three people with us. We will spend most of the day at the school.

If this is not a convenient date for you, please let us know at the above phone number so we may arrange another date. We appreciate your cooperation in this pilot test of the Guidelines for Evaluating Private Schools for Children with Special Handicaps for Massachusetts.

Sincerely,

Jean Tufts  
Project Officer

JT/ntf

## APPENDIX D

### Visiting Teams

#### National Rehabilitation Center

Dr. Roland Goddu - NEPTE

Mrs. Jean Tufts - NEPTE

#### Landmark School

Mrs. Jean Tufts - NEPTE

Mrs. Nancy Warren, Principal Rockingham School for Special Children

Mrs. Patsy Baugh, Consultant Special Education

#### Governor Center School

Mr. Arthur Jillette, Acting Special Education Director

New Hampshire State Department of Education

Mrs. Patsy Baugh, Consultant Special Education

Mrs. Jean Tufts - NEPTE

#### Meeting Street School

Mrs. Jean Tufts - NEPTE

Mrs. Nancy Warren, Principal Rockingham School for Special Children

Mr. Tony Compbell, Vermont Department of Education

Special Education Consultant (cancelled due to illness)

AN ACCREDITATION PROCEDURE  
FOR  
PRIVATE SCHOOLS WITH SPECIAL EDUCATION PROGRAMS

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## I. INTRODUCTION



AN ACCREDITATION PROCEDURE  
FOR  
PRIVATE SCHOOLS WITH SPECIAL EDUCATION PROGRAMS

Introduction

This accreditation procedure has been developed to provide the information and structure needed to make substantive judgments about the potential of private institutions to furnish quality educational services to handicapped children. . .

To insure that programs of substance are available in private schools used by the public sector to provide special educational services and to insure that the special needs of our handicapped children are met, it is essential that the quality of the private schools being utilized is judged to be satisfactory. Also, private schools should have formal accreditation procedures which provide guideposts for judgments by local school districts. It is to these goals that this accreditation procedure is directed.

This accreditation procedure has been developed on the premise that the following steps will be employed:

1. That a team composed of appropriate staff members from the private institution being considered for accreditation, appropriate members of the State Department of Education, and appropriate experts practicing in the field will complete the procedure and make the accreditation decision. (Only the team members from the State Department of Education and the field will be involved in making the final accreditation decision.)
2. That appropriate staff of the involved private school will gather pertinent information and will complete a self-evaluation.
3. That the procedure will consist of an information gathering phase, a determination on "key" issues phase, and a "decisions" phase.

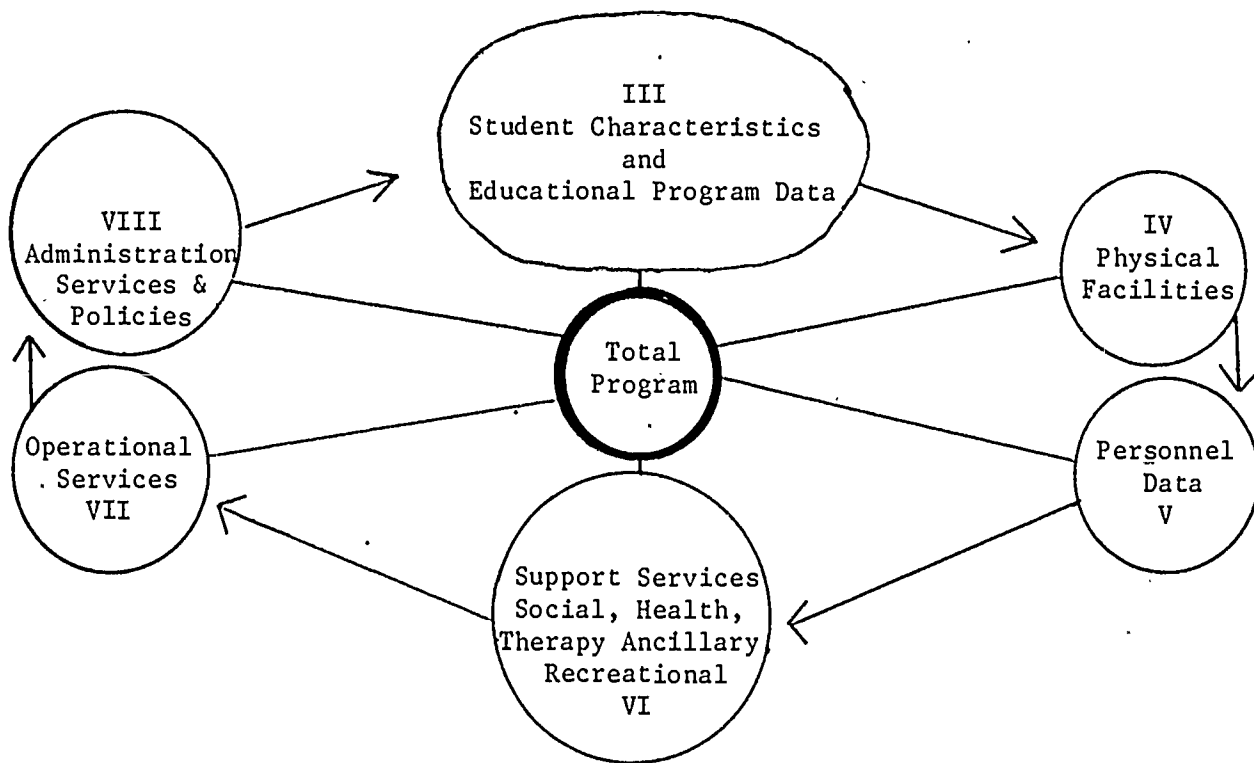
### Areas of Concern

The accreditation procedure gives special attention to the areas of:

1. student characteristics and educational program information
2. physical facilities
3. personnel
4. support services
5. operational services
6. administrative services

Section II is the Application for Accreditation of Private Special Education Programs. Sections III-VIII are the questions to be addressed during the institutional Self-Evaluation. Sections IX-X are for the Site Visit phase of the evaluation and for the final decision phase of the process.

The six major sections of the Self-Evaluation should furnish both your personnel and the Site-Visit Team with information which can be used to improve your total institutional development. The following chart will serve as a reference point and provide a means for representing visually the relationship between the areas being evaluated. The Site Visit Evaluation Team will be assessing the same six general areas.



In effect the Total Program is the sum of the parts. A logical starting point is a clear definition of the students served and a statement of your general and specific educational goals and objectives (Section III). This aspect of the Self-Evaluation is particularly important since it provides a focus for the entire self-evaluation process and a point of reference for the Site-Visit Team. All other sections in the Self-Evaluation are really supplemental sections which further describe the environment in which your personnel work and the procedures all involved employ to reach your stated goals and objectives. Section IV focuses on the physical environment. Section V focuses on the human environment. Sections IV and V tell a reviewer what physical facilities and personnel strengths are available to your institution. Section VI focuses on the various types of support services available at your institution. Section VII focuses on operational services available. These two sections together represent the range of support services available to augment the instructional staff. Finally, Section VIII asks for information on the administration and administrative policies of the institution.

In summary, the Self-Evaluation requires a clear statement of the total educational goals and objectives and a description of the student population served. Subsequent sections ask the institution:

(1) to describe the resources (physical and personnel) available both at the institution and in the community, and

(2) to describe the way resources are used to provide services.

Finally, information is requested on the administration. Ideally, the resources, services, and institutional policies taken as a whole should be consistent with the needs of the student population served and the educational goals and objectives of the institution.

STEPS FOR IMPLEMENTATION OF  
THE ACCREDITATION PROCESS

### Steps for implementation of the accreditation process

1. Institution requests accreditation forms from the State Department of Education.
2. State Department of Education forwards preliminary materials, Section I to VIII, and creates a site visitation team (team should be composed of members of the State Department of Education and experts from the field).
3. Institution designates staff or committees to work on sections of the Self-Evaluation.
4. Orientation visits to the institution by the site visitation team (to outline process for the institution staff).
5. Institutional staff completes the information gathering and self-evaluation phase of the accreditation process and returns information package to the State.
6. A copy of the materials completed by the institution is sent to the accreditation team two weeks before the site visit.
7. Site visit, observation and review of information are completed by the site evaluation team.
8. Judgments are made by the site visitation team which relate to the key issues section of the procedures.
9. The decisions made are shared with appropriate staff of the applicant institution.
10. The decision made by the site evaluation team are reported to the State Department of Education, Special Education Division.
11. Accreditation is granted or withheld by the State Department of Education.

## II. APPLICATION

APPLICATION FOR ACCREDITATION OF  
PRIVATE SPECIAL EDUCATION PROGRAMS

All non public schools, agencies or groups which seek public funds for services to handicapped children must submit the following application

Name of Institution \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

School Name (if different from institution name). \_\_\_\_\_

Address of School \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Chief Administrative Officer of Institution \_\_\_\_\_

Phone \_\_\_\_\_

Chief Administrative Officer of School \_\_\_\_\_

Phone \_\_\_\_\_

Person responsible for completing this application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position (if different from above) \_\_\_\_\_

Type of School (please check which applicable)

Private \_\_\_\_\_

Private-non profit \_\_\_\_\_

Church-related \_\_\_\_\_

College-related \_\_\_\_\_

Other \_\_\_\_\_

Name of Owner, if private \_\_\_\_\_

Address \_\_\_\_\_

Name of Church Organization, if church related \_\_\_\_\_

Address \_\_\_\_\_

17-25



Name of College or University\_\_\_\_\_

Address\_\_\_\_\_

Name of Chairman of Policy Council\_\_\_\_\_

Address\_\_\_\_\_

School Program

1. Type of School Program

Day\_\_\_\_\_Residential\_\_\_\_\_Both\_\_\_\_\_

2. Total Student Population: Boys\_\_\_\_\_Girls\_\_\_\_\_

3. Type of handicapped children served (Please check those applicable)

Specific Learning Needs\_\_\_\_\_

General Learning Needs\_\_\_\_\_

Behavioral & Emotional Needs\_\_\_\_\_

Speech & Language Impaired\_\_\_\_\_

Auditory Impairment\_\_\_\_\_

Mobility & Orientation Impairment\_\_\_\_\_

Vision Impaired\_\_\_\_\_

Multi-Handicapped\_\_\_\_\_

Other\_\_\_\_\_

Please return this form to the Massachusetts State Department of Education  
Division of Special Education  
182 Tremont Street  
Boston, Massachusetts

III. STUDENT POPULATION CHARACTERISTICS  
AND EDUCATIONAL PROGRAM DATA

- A. Student Population Characteristics
- B. Overview of Educational Programs
- C. Individual Teacher Reports
- D. Supplies
- E. Evaluation and Record Keeping Procedures

### III. Educational Program

#### Introduction

The evaluation of institutional educational programs must logically be concerned with more than the operation of individual classrooms. Children placed in institutional settings are individuals for whom public school programs are not available and implies that a private institution can provide services which are different from those provided by a public school.

#### Procedure

This section requires a variety of different types of information. It is more efficient for a small group, or committee, of staff to divide the various sub-sections among themselves and to be responsible for a single section than for one person to attempt to complete the entire form. Individual classroom teachers should complete the sections for each class.

A. Student Population Characteristics

1. Name of Institution or School \_\_\_\_\_

2. Which type of exceptional child is your educational program primarily designed for? (Check more than one if necessary)

Specific Learning Needs \_\_\_\_\_

General Learning Needs \_\_\_\_\_

Behavioral & Emotional Needs \_\_\_\_\_

Speech & Language Impaired \_\_\_\_\_

Auditory Impairment \_\_\_\_\_

Mobility & Orientation Impairment \_\_\_\_\_

Vision Impaired \_\_\_\_\_

Multi-handicapped \_\_\_\_\_

Other \_\_\_\_\_

3. Please provide your operational definition for each exceptionality checked in item #2.

Specific Learning Needs \_\_\_\_\_

General Learning Needs \_\_\_\_\_

Behavioral & Emotional Needs \_\_\_\_\_

Speech & Language Impaired \_\_\_\_\_

Auditory Impairment \_\_\_\_\_

Mobility & Orientation Impairment\_\_\_\_\_

Vision Impaired\_\_\_\_\_

Multi-handicapped\_\_\_\_\_

Other (Please describe)\_\_\_\_\_

4. What are the ages of your population?

Please complete the following. Indicate the number of children served under each age group for those handicapped categories that apply. Use age of children as of September 1.

Handicap Categories	Age 1-5	6-12	13-18	19-21
Specific Learning Needs				
General Learning Needs				
Behavioral & Emotional Needs				
Speech & Language Impaired				
Auditory Impairment				
Mobility & Orientation Impairment				
Vision Impaired				
Multi-handicapped				
Other				
TOTAL				

5. At what level are the students operating academically?

Please complete the following using the beginning of school in September as the measurement date. If another measurement date is used, please note. (Put number of children served under each approximate grade level for those handicapped categories that apply.)

Handicap Categories	Preprimary Nursery/ Kinder- garten	Primary Grades 1-3	Inter- mediate Grades 4-6	High School Grades 10-12	Post Second- ary 13-14	Voca- tional Train- ing
Specific Learning Needs						
General Learning Needs						
Behavioral & Emotional Needs						
Speech & Language Impaired						
Auditory Impairment						
Mobility & Orientation Impairment						
Vision Impaired						
Multi-handicapped						
Other						
TOTAL						

6. Are there any specific characteristics which preclude the acceptance of a child into your program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, give specific conditions

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7. Do you accept children who do not meet the requirements of your operational definitions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to above, please give specific conditions

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8. How many students is your educational program presently designed to serve?

Day \_\_\_\_\_ Residential \_\_\_\_\_

9. How many students are presently enrolled?

Day \_\_\_\_\_ Residential \_\_\_\_\_

10. How many students receive full-time instruction in an organized school program?

Day \_\_\_\_\_ Residential \_\_\_\_\_

11. How many hours per day is an organized school program in session?

\_\_\_\_\_

12. How many days or organized school program are in your school year?

\_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

13. Do you have a summer program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", is it an organized educational program? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", is it an organized recreational program? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", what is the Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

B. Overview of Educational Program

1. Give a general description of the philosophy and goals of your educational program. Use additional sheets if necessary.

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2. Describe how your educational program is organized. Include items such as types of classes, factors used in determining groupings, staffing patterns, specialized and unique programs. Use additional sheets if necessary.

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4. Curriculum Provide the following material on the academic curriculum for classes by category of handicaps.

Handicap	Subject Areas	Achievement Range of level	Published Test and materials used	Other materials used

5. Describe other aspects of educational programs: (self care-health, physical ed, music, art, etc.) by category of handicap.

Handicap	Programs	Types of Skills taught	Published Text and materials	Other materials used

6. Are the following statements applicable to your educational program?

- a. Teachers are provided an up-to-date diagnosis on each child.
- b. Teachers are aware of different achievement levels of students.
- c. Teachers write specific academic objectives for each child.
- d. Teachers write specific behavioral objectives for each child.
- e. A team which includes teachers and supervisors and appropriate specialists approves an educational plan for each child.
- f. Teachers measure academic achievement by the use of standardized tests.
- g. Teachers measure affective learning in terms of specific behavior objectives for each child.
- h. Teachers maintain an accurate and up-to-date record of achievement progress on a regular basis.
- i. Teachers regularly evaluate each child's educational program.
- j. Teachers outline a program for gradually moving a student to the next academic level as their behavior changes.
- k. Teachers are regularly supervised by administrators.
- l. Parents are informed of the child's educational progress on a regular basis by the child's teachers.

Yes	No

7. Indicate whether or not instruction areas have the following equipment:

All      Some      None

Black Boards

Bulletin Boards			
Carpeted Floors			
Storage Space			
Carrels			
Sturdy & Stable Furniture			
Appropriate Size Furniture			
Quiet Areas			
Portable Blackboards			
Window Darkening Shades			
Lavatories in Room			
Sinks in Rooms			
Science Areas			
Specific Reading Areas			
Bookshelves			
Acoustic Ceilings			
Classes on First Floor			
Ramps and Railings			
Cut-Out Tables			
Book Racks to hold books for child			
Automatic Page Turners			
Appropriately Designed Toilet Facilities			
Grab Bars around room, in toilets, in hallways			

7. (continued)

	All	Some	None
Walkers			
Mirrors			
Wireless Hearing Aids			
Wiring in Room for headphone, headsets, microphones, etc.			
Other - describe:			

C. Teacher Reports on Classes or Groups Taught

Each teacher assigned a class or group should fill out this report for each class or group. If two or more teachers work with a particular class or group they may cooperatively develop a report for the class or group.

Class \_\_\_\_\_

Teacher \_\_\_\_\_

Other Staff \_\_\_\_\_

1. Description of children in class: (Handicap, academic functioning level, and age)

Type of handicaps: \_\_\_\_\_

Academic functioning level: \_\_\_\_\_

Age range served: \_\_\_\_\_

Comments: \_\_\_\_\_

2. Give general goals of the class:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Describe planning process used for educational program: (Lesson plans, conferences, etc.):

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4. Describe academic and other educational program schedules:

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5. What type of evaluation of educational goals is conducted?

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D. Supplies

Indicate whether or not the following materials are available in your school.

	Available in School	Available When Needed From Outside Sources
Large print books		
Magnifying readers		
Braillewriter		
Braille books		
Talking books		
Primary size typewriters		
Specially designed Arithmetic Aids		
rulers		
clocks		
abacus		
Wide-lined paper		
Heavy lead pencils		
Large soft chalk		
Audio Aids		
talking recorder		
phonograph		
tape recorder		
dictaphone		
projectors		
High interest, low-vocabulary reading materials		
Puzzles, toys		
Shape, form, color discrimination activities		
Set, concept games		



E-1 Educational Evaluation and Record Keeping

Diagnosis and Assessment

1. Does the school have an evaluation team who diagnoses and assesses each child's educational progress?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If no, who is responsible for this function

Name \_\_\_\_\_ Position \_\_\_\_\_

3. If yes, what is the composition of the School Evaluation Team(s):

Personnel	Position	Area of Responsibility

Functioning of the evaluation team

4. List specific procedures and instruments employed by each team member, including classroom observations, home visits, psychological or educational tests.  
(Please attach)

5. Who is the team coordinator? \_\_\_\_\_

6. Is there a regularly scheduled time for the team meeting?  
YES \_\_\_\_\_ NO \_\_\_\_\_

7. Is the classroom teacher released to attend the team meeting?  
YES \_\_\_\_\_ NO \_\_\_\_\_

8. Does the team operate in an advisory capacity or decision making capacity? \_\_\_\_\_

9. Who is responsible for the final case summary report to:

- a) parent \_\_\_\_\_  
b) teacher \_\_\_\_\_  
c) administrator \_\_\_\_\_

Please attach a copy of the case summary form (if any).

10. Does this evaluation include an educational prescription detailing  
a) specific placements, b) teaching strategies, and c) program objectives, both immediate and long range? YES \_\_\_\_\_ NO \_\_\_\_\_

11. If yes who is in charge of coordinating and supervising the implementation of the prescriptive program?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

12. Is there a specific period of time allowed for diagnostic teaching?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what team member would be responsible for it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up

13. Is there a regularly scheduled interval for re-evaluation of student program and progress? YES \_\_\_\_\_ NO \_\_\_\_\_

14. If yes, what is the policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. How extensive is this re-evaluation?

Complete team involvement \_\_\_\_\_

Partial team involvement \_\_\_\_\_

16. Is there a clinical file maintained on each child?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, is this separate from the regular cumulative file?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. Does the director maintain complete and up to date information on what special education services each child receives?

YES \_\_\_\_\_ NO \_\_\_\_\_

18. Does each specialist maintain separate records on a child?

YES \_\_\_\_\_ NO \_\_\_\_\_

19. Where are these clinical files maintained?

\_\_\_\_\_  
\_\_\_\_\_

20. Who has access to them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-2 Admission Policies

1. Please describe the procedures used to screen children for admission to your program.

Function	Procedures or Instrument Used	Professional Responsible for Screening
General Physical Health		
Readiness (pre-school)		
Achievement		
Aptitude or Intelligence		
Speech		
Learning Disability		
Hearing		
Vision		
Motor Coordination		
Other (please list as above)		

21. Is there a diagnostic team member who functions as a liaison person between school personnel and outside agencies, which provide services to some children?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who?

Name	Service Name
_____	_____
_____	_____
_____	_____
_____	_____

22. Are re-evaluation and progress reports sent to parents?

YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Involvement with Team

23. Are the parents notified prior to the evaluation as specified by the Division of Special Education regulations?

YES \_\_\_\_\_ NO \_\_\_\_\_

24. In what ways are parents involved in the team evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Do parents receive a written case summary within 3 days of staffing?

YES \_\_\_\_\_ NO \_\_\_\_\_

26. Is there a final parent conference within ten days of staffing?

YES \_\_\_\_\_ NO \_\_\_\_\_

### E-3 Record Keeping

Indicate whether or not the following types of evaluation and reporting are employed for each child and whether or not a record of each appears with the child's permanent file.

	Written records in permanent file			
	Yes	No	Yes	No
1. An initial educational evaluation was completed by the school.				
2. Specific educational objectives were formulated.				
3. Educational Evaluations Conferences were held with parent				
4. Education Evaluations Recommendations were implemented by staff.				
5. An educational re-evaluation is conducted periodically.				
6. Standardized tests are administered periodically.				
7. Teacher made tests are administered periodically.				
8. Written reports from teacher and therapist are sent to appropriate staff members.				
9. Periodic written reports from teachers are sent to parents.				
10. Parents and Teachers have personal conferences.				
11. Comprehensive case histories are compiled.				
12. Teachers observation reports are written regularly.				
13. Follow up conferences are held on discharged students.				
14. Periodic reports are sent to student's public school district.				

Please provide a copy of all standard record forms used for students in your school.

#### IV. PHYSICAL FACILITIES

- A. Educational
- B. Administrative
- C. Support
  - 1. Social Services
  - 2. Health
  - 3. Ancillary
  - 4. Therapy
  - 5. Recreational
- D. Residential

#### IV. Physical Facilities

##### Introduction

Although the existence of adequate physical facilities does not guarantee the delivery of quality services, it is essential, in considering accreditation, that the institution being considered has adequate facilities to house and encourage good programs as well as services. Not only will the educational facilities be considered, but, attention should be directed to the adequacy of residence buildings, support services facilities, health facilities, food service areas, recreational and all other spaces which could affect the well being of the involved handicapped children.

##### Procedures

It is suggested that the director of the institution or his designee create a Physical Facilities Committee composed of appropriate staff members to complete this physical facilities section. The visitation team will check data being provided and will complete a review of this information from which accreditation decisions can be made.



A. Educational Facilities

1. Give a description of your campus and a map that will identify and locate all your buildings, access routes, outside activity areas, etc. (include additional sheets as required.)

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2. Use the following matrix to identify the number and type of educational facilities available. Use additional sheets if comments are needed to further describe a particular educational facility.

Building or location	Number of Offices	Number of Classrooms	Individual Student areas

3. Identify those features of your educational facilities that are particularly important relative to the handicap population you serve.

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4. What is the classroom size in relation to each age group. handicap, and class size?

	Class	Age Group	Size of Class	Approximate size of Classroom
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

5. List special instructional areas (gyms, science rooms, shop etc.)

Type of Instructional Area	Number of Students accommodated at one time

6. Does your institution have a library? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes - describe briefly giving location and number of rooms.

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7. Are these library areas associated with individual classrooms?

Yes\_\_\_\_\_ No\_\_\_\_\_

If "yes" please give the location and a brief description of each.

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B. Administrative Facilities

1. Describe those areas devoted to Administration of the Institution. Give the building name, then briefly describe the areas.

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2. Are there provisions made for the Administrative Staff to have the necessary office space to work? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Does this space allow them to have privacy when necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are rooms provided for conferences and group meetings of staff or others?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is there space provided for parents to meet at the institution?

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C. Support Services

I. Social Services

1. List areas available for Social Services Departments. Give the building name, then briefly describe the areas.

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2. Is there space available for parent conferences?

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3. What provisions are made to insure privacy for the staff and families?

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II. Health Services

1. List areas and facilities available for the Health Services. Give the building name, then describe the areas.

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2. What provisions are made to insure privacy of staff?

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Privacy of children? \_\_\_\_\_

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Privacy of parents? \_\_\_\_\_

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3. Does the health area contain the following?

Yes

No

First Aid Room		
Examining Room		
Dental Care		
Quiet Area for sick child		
Office Space		
Other		

4. Describe any health areas available to the institution in the community.

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5. Does your institution have agreements to use any of the above listed community health areas? If so, describe

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III. Ancillary Services

1. List areas available for psychological and physical services.  
Give the building name, then describe the areas.

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2. Is there space available for parent conferences?

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3. What provisions are made to insure privacy of

Staff 

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Parents 

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Children 

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4. Are there provisions made for support staff to have necessary office  
space to work? 

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5. Are rooms provided for conferences and group meetings of staff and  
others? 

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6. What services and facilities are available in the community?

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7. Does your school have agreements to use any of the above listed community psychological and physical services? If so, describe

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#### IV. Therapies

1. List spaces available for therapy services. Give the building name then describe the spaces.

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2. What provisions are made to insure privacy for staff and children?

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3. Is there space available for therapy sessions which is quiet and attractive? \_\_\_\_\_

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4. Are there provisions made for support staff to have necessary office space to work?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. What program and facilities are available in the community?

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Does the school have working arrangements with any of these?

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V. Recreation Facilities

1. Are there recreational areas available in the residence halls of the institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the areas giving age group using them.

Building	Recreational Function	Age Group Being Served

2. What provisions are made to insure that the recreation areas are appropriate for handicapped children using them?

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3. Which of the following indoor recreation areas are provided by the institution?

	Yes	No
Gymnasium		
Playroom		
Craft Area		
Quiet Game area		
Auditorium for large groups		
Swimming Pool (inside)		
T.V. Room		
Listening area		
Other (list)		

4. Describe outdoor recreation areas giving equipment and location.

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5. Are recreational facilities available in the community?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

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6. Does the institution have access to and use recreational facilities in the community?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe giving location and describe the facilities

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If no, explain why \_\_\_\_\_

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#### D. Residential Facilities

To provide a description of residential facilities available to the handicapped persons being served by the institution the following questions should be completed. (If your institution is not residential, omit this section.)

1. How many children is your institution licensed to serve on a residential basis? \_\_\_\_\_
2. How many children are being served on a residential basis? \_\_\_\_\_
3. In the sleeping areas, how many students are grouped in each room?

Room	Ages of Children	Number Assigned

What furniture is assigned to each child in the residential area?

\_\_\_\_\_

\_\_\_\_\_

4. Are children permitted to have their own possessions, i.e. stuffed animals, toilet articles in the sleeping areas?

Yes \_\_\_\_\_ No \_\_\_\_\_

Rules, if any \_\_\_\_\_

\_\_\_\_\_

5. What procedures are followed to insure a homelike atmosphere for the children in residential care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List below areas which are available to children in addition to sleeping and eating areas? i.e. recreation area, living rooms, reading rooms, etc.

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7. How many lavatories are available for the residential children?

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8. Are the lavatories arranged so as to insure privacy for the children using them?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. What measures have been taken to adapt lavatories to handicapped children served? \_\_\_\_\_

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Dining Area: This section should be filled out if your institution serves children in a specific dining area

1. Is the dining area for residential children different from the day students? Yes \_\_\_\_\_ No \_\_\_\_\_
2. How many children are fed at once? \_\_\_\_\_  
\_\_\_\_\_
3. Describe general dining area including type of furniture and arrangement of furniture.  
\_\_\_\_\_  
\_\_\_\_\_

Kitchen Area: To be completed by any institution preparing food for children in a kitchen area.

1. Describe kitchen area listing types of equipment and general layout of area (use a chart or map if desired) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If food storage area is not included in kitchen area and is different from kitchen area, describe its location and accessibility to kitchen.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. PERSONNEL

A. Administrative

B. Educational

C. Support

D. Operational

### III. Staff Introduction

The question of institutional staff adequacy is quite complex. Depending on the organizational structure, training program, qualifications of staff, and characteristics of the children involved, a program can be effectively organized in a variety of ways. For example, affective training could be handled either by a qualified ward staff or by the school staff. The non-school related activities which children participate in may or may not be educational and/or therapeutic, depending on a program's philosophy and design. Factual staff information should be collected and related to the stated program goals. This will insure that unusual or innovative programs are not penalized for a non-traditional staffing pattern. The essential question being asked is whether or not your institutional staff is being appropriately utilized.

#### Procedure

The information in this section is most appropriately completed by personnel department staff or the individuals involved, i.e. the employees. It is important that the information be as complete as possible.



# Personnel Summary Information

Use the following table to provide summary information. In subsequent sections more detailed information will be requested for each personnel category.

STAFF SUMMARY				
Type of Staff	Number of Staff Members		Available to school	
	Full-time	Part-time		
<u>ADMINISTRATIVE</u>				
Administrators				
Clerical				
Other				
<u>EDUCATIONAL</u>				
Administrators				
Supervisors				
Teachers				
: Paraprofessionals				
Interns				
Student Teachers				
Volunteers				
<u>SUPPORT</u>				
Social Service				
Health Service				
Ancillary Service				
Therapy Staff				
Recreation Staff				
Other (List)				

# STAFF SUMMARY

Type of Staff	Number of Staff Members		Available to school	
	Full-time	Part-time		
<u>OPERATIONAL</u>				
Administrator				
Food Service				
Residential				
Maintenance				
Transportation				

The following chart provides for general administrative staff (excluding Educational Administrators).  
This section should give information on the extent to which academic training in administration qualify administrative staff to work in their present position and/or with handicapped children.

Title	General Administration	Other Advanced Degree														
		Advanced Degree School Administration														
Name		Additional Administrative Certification														
		Certified School Administrator														
		Not Certified As School Administrator														
		Part-time														
		Full-time														

## Administrative

The following chart provides for all Educational Administrative Staff including Principal and Supervisory Personnel. This section should give information on the extent to which academic training in administration and/or education qualify staff to work in their present position and/or with handicapped children.

[illegible]

- Principal -

[illegible]

ERIC  
Full Text Provided by ERIC

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ERIC  
Full Text Provided by ERIC

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Teachers

Extent to which teacher has pursued relevant special education training  
beyond her/his present status (seminars, workshops, advanced degree work)

[illegible]



Free 1

[illegible]

## Personnel Data

Form Para-professional

1. Name \_\_\_\_\_
2. Title \_\_\_\_\_
3. Responsibilities or Job Description
  - a. Educational \_\_\_\_\_  
\_\_\_\_\_
  - b. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Supervisor: Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_
5. Training and Experience:
  - a. Experience with handicapped (include position, type of handicapped and years held)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Training in area of handicapped (include courses, school and year)  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Other related experience --- (include position, description and years held)  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Other training -- (include academic training not included above with school and year)  
\_\_\_\_\_  
\_\_\_\_\_
6. Certification or license held \_\_\_\_\_  
\_\_\_\_\_
7. Cost      Salary \_\_\_\_\_      Benefits \_\_\_\_\_      Other \_\_\_\_\_

Please complete for volunteers

Volunteers/Interns Personnel Data

Number of Volunteers \_\_\_\_\_

Areas Assigned \_\_\_\_\_

Roles Assigned \_\_\_\_\_

Full Time (indicate number) \_\_\_\_\_ Part Time (indicate time \_\_\_\_\_  
and number)

Relevant Training

a. With Handicapped: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. With Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intern and Student Teachers Personnel Data

Number of Interns \_\_\_\_\_

School Affiliations \_\_\_\_\_

Supervising Staff (name and title) \_\_\_\_\_

Program students enrolled in \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



..



Extent to which academic background qualifies support staff to work in present position and with handicapped children and the extent to which experience qualifies support staff to work in present position and with handicapped children.

[illegible]





# Ancillary Staff Summary

Indicate which of the following individuals are available to your students.

<u>Professional</u>	On Staff Full-time	On Staff Part-time	Available Locally on Request
Psychologist			
Psychiatrist			
Audiologist			
Neurologist			
Ophthalmologist			
Optometrist			
Orthopedic Surgeon			
Otologist			
Speech Pathologist			
Dietician			
Physical Therapist			
Occupational Therapist			
Speech Therapist			
Recreation Leader			
Music Therapist			
Other (list)			
Para professional			
Interns			
Volunteers			

Note: Composite totals for all categories in this chart except para professional, interns and volunteers should be entered under support, therapist on the Personnel Staff Summary Form.

Please complete for all personnel

Para-professional Personnel

1. Name \_\_\_\_\_
2. Title \_\_\_\_\_
3. Responsibilities or Job Description
  - a. Educational \_\_\_\_\_  
\_\_\_\_\_
  - b. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Supervisor:      Name \_\_\_\_\_      Title \_\_\_\_\_
5. Training and Experience:
  - a. Experience with handicapped (include position, type of handicapped and years held)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Training in area of handicapped (include courses, school and year)  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Other related experience --- include position, description and years held)  
\_\_\_\_\_  
\_\_\_\_\_
  - d. Other training: include academic training not included above with school and year  
\_\_\_\_\_
6. Certification or license held \_\_\_\_\_  
\_\_\_\_\_
7. Cost:    Salary \_\_\_\_\_    Benefits \_\_\_\_\_    Other \_\_\_\_\_

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Please complete for volunteers

Volunteers

Number \_\_\_\_\_

Areas Assigned \_\_\_\_\_

Roles Assigned \_\_\_\_\_

Full Time (indicate number) \_\_\_\_\_ Part Time (indicate number) \_\_\_\_\_

Relevant Training in general

- a. With Handicapped \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. With Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For interns or Student Teachers only

School Affiliation \_\_\_\_\_  
\_\_\_\_\_

Supervising Staff (name and title) \_\_\_\_\_  
\_\_\_\_\_

Program students enrolled in \_\_\_\_\_  
\_\_\_\_\_

1. Operational

A. Extent to which appropriate training in area of responsibility qualifies staff to work in present position.

Title	Name	High School Training	In Service Training	Post Secondary Training	Other Specialized Training
Residential are					
Food Service					
Maintenance					
Transportation					

1. Operational

B. Extent to which appropriate experience in area of responsibility qualifies staff to work in present position.

	Title	Name	Less than 1 Yr	1-2 Yrs	3-4 Yrs	5-6 Yrs	6+ Yrs
<u>Residential</u>							
<u>Food Service</u>							
<u>Maintenance</u>							
<u>Transportation</u>							

Other Operational Staff --- (Include any operational staff unique to your institution and not accounted for previously)

1. Name \_\_\_\_\_
2. Title \_\_\_\_\_
3. Responsibilities      Full Time \_\_\_\_\_      Part Time \_\_\_\_\_  
specify \_\_\_\_\_  
a. Areas responsible for \_\_\_\_\_  
b. Duties \_\_\_\_\_
4. Supervisor:      Name \_\_\_\_\_      Title \_\_\_\_\_
5. Training and Experience
  - a. Experience in Area of Responsibility (include position, description, and years held) \_\_\_\_\_
  - b. Training in Area of Responsibility (include schooling --- description of training - year) \_\_\_\_\_
  - c. Experience with Handicapped (Include position, type of handicap and years held) \_\_\_\_\_
6. Certificate or license held: \_\_\_\_\_
7. Cost:      Salary \_\_\_\_\_      Benefits \_\_\_\_\_      Other \_\_\_\_\_

VI. SUPPORT SERVICES

- A. Social Services
- B. Health Services
- C. Ancillary Services
- D. Therapy Programs
- E. Recreational Program

## VI. SUPPORT SERVICES

### Introduction

The effective operation of an institution requires a variety of support services which assist the child and his family in adjusting to the institution. These include Social Services, Health Services, Ancillary Services, and Recreation Services. In this section, information related to each of these services in your institution is collected. Judgments will be made by the evaluation team in terms of your specific population, the size of your institution, and the type of program you operate, i.e. day care or residential.

The person in charge of each of these Services for the applicant institution should assume responsibility for completing his portion of this section. If one of the services does not exist, that section may be completed by other administrative personnel or omitted.

Each of the areas in this section is highly specialized in operation. For this reason, each is presented as a separate package to facilitate completion by the appropriate director or agency.



A. Social Services

Social Services in institutional settings generally attempt to coordinate home and institutional programs. They are designed to facilitate the adjustment of the children and their families to the institution or school program. They should assist the child and his parents to make the transition from home to school pleasant and functional.

Please list goals of the Social Services Department in relation to:

a. The Parents \_\_\_\_\_

\_\_\_\_\_

b. The Child \_\_\_\_\_

\_\_\_\_\_

c. The School Staff \_\_\_\_\_

\_\_\_\_\_

d. The total School Program \_\_\_\_\_

\_\_\_\_\_

e. Other \_\_\_\_\_

\_\_\_\_\_

1. What is the average case load of your social workers? \_\_\_\_\_

2. Does your staff have an opportunity for in-depth work with students?

Always \_\_\_\_\_ Usually \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

3. Does the social worker assume a therapeutic role?

Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

4. Describe briefly the role of a social worker in this institution

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are job descriptions available for all members of your social service staff?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Uncertain\_\_\_\_\_
6. Do social workers participate in the screening of new students?  
Yes\_\_\_\_\_ No\_\_\_\_\_
7. How much access do social workers have to confidential student records?  
No Access\_\_\_\_\_ Limited Access\_\_\_\_\_ Total Access\_\_\_\_\_
8. Does a social worker participate in the planning of a total program for each child?  
Always\_\_\_\_\_ Usually\_\_\_\_\_ Sometimes\_\_\_\_\_ Rarely\_\_\_\_\_ Never\_\_\_\_\_
9. Does a social worker regularly have conferences with a child's parent?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Uncertain\_\_\_\_\_
10. Is the Social Services staff responsible for follow-up of discharged patients?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Uncertain\_\_\_\_\_

If "yes", describe extent and procedures for follow-up.

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11. List the agencies to which you refer children regularly.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

(Use additional pages if necessary)

12. List the agencies that refer students to this institution.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

(Use additional pages if necessary)

13. Does the Social Services Department regularly contact each child's local public school?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", how often?

Does the Social Service Department provide the following services to parents?

	Yes	No
1. Assists parents in enrolling children in the program.		
2. Describes institution's services to parents.		
3. Makes home visit prior to enrolling of child.		
4. Explains fee or tuition payments to parents.		
5. Explains rules and regulations and policies of institution to families.		
6. Refers families to additional community and private services as needed.		
7. Maintains continued helping relationships to assigned families.		
8. Participates in planning and executing parent activities.		
9. Meets with other school personnel to resolve or alleviate family problems which adversely affect the child.		
10. Assists with child's adjustment to the school or institutional program.		

## B. Health Services

A health program should provide a comprehensive range of individual services including medical, dental, and nursing services. Important to a successful program are diagnosis of existing health problems, follow-up of identified problems, continuous health supervision and a health-education program, and a healthful environment.

### Procedures

The "in-house" health person responsible for the total health program should assume responsibility for completing this form. (If your institution has no health program as such you may omit this section.) If a description of your health program exists, it may be submitted in lieu of completing this section.

This section is divided into the following areas for study:

- A. Diagnosis of Health Problems
- B. Record Keeping and Follow-up Treatment
- C. Health Education
- D. Emergency Health Care
- E. Illness
- F. Employee Health Program

### Diagnosing existing Health Problems

1. Are past health records available to the school health personnel?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are physical examinations required before the child enters the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who performs the physical? \_\_\_\_\_

Are parents required to be present? \_\_\_\_\_

3. Is there a form provided by the school to insure a thorough exam?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include \_\_\_\_\_

4. Are the following items included in the physical form? (check those included)

Height \_\_\_\_\_

Abdomen \_\_\_\_\_

Weight \_\_\_\_\_

Genitalia \_\_\_\_\_

Heart \_\_\_\_\_

Nose \_\_\_\_\_

Mouth \_\_\_\_\_

Ears, External \_\_\_\_\_  
& Canals

Tympane membrane \_\_\_\_\_

Teeth \_\_\_\_\_

Bones, \_\_\_\_\_  
joints

Lungs \_\_\_\_\_

Eyes; external \_\_\_\_\_  
optic

5. Do the records include an appropriate screening test? (check those screened).

Category	Test Used
Eyes	
Ears	
Dental	
Tuberculin	
Hemoglobin	

6. Are parents required to be present to provide the general health history of the child? \_\_\_\_\_

Who is this conducted by?

The Director \_\_\_\_\_ School Physician \_\_\_\_\_

School Nurse \_\_\_\_\_ Social Worker \_\_\_\_\_

Other (specify) \_\_\_\_\_

7. Are psychological and appropriate psychiatric evaluations provided by the school? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" who is responsible for this service?

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record Keeping and Follow-up Treatment

1. Do the health records maintained by the school include the following?

	Yes	No
a. Physical Exam		
b. Developmental Screening		
c. Vision		
d. Hearing		
e. Dental		
f. Immunizations		
g. Childhood diseases		

2. How often do children receive a health evaluation?

Yearly \_\_\_\_\_ Six months \_\_\_\_\_ Every three Years \_\_\_\_\_  
Other \_\_\_\_\_  
specify

3. Do children receive follow-up treatment for diagnosed health treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are these recorded on the Health Record?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Who is responsible for arranging for required health services?

Name \_\_\_\_\_ Title \_\_\_\_\_

6. How are parents informed about needed health treatment for their child?

a. Personal Conferences \_\_\_\_\_  
b. Written reports \_\_\_\_\_  
c. Other \_\_\_\_\_

7. Are parents provided with necessary information to insure proper health care for their children?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are Dental Services provided by Institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", what do these include (Please List)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

9. If yes, is a dental health record maintained in the child's health record?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are parents informed of child's dental health needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how is this accomplished?

- a. Personal Conferences \_\_\_\_\_
- b. Written reports \_\_\_\_\_
- c. Other (specify) \_\_\_\_\_

Is there any check made to see if recommendations are carried out?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Health Education

#### Children

1. Health instruction for all students is designed and conducted to provide proper health habits, attitudes and practices by all students.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Provisions are made for a sequential and articulated program among and between grade levels.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Materials and media appropriate to health and education are available and are used by the teachers.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Habits of personal hygiene are taught and practiced on a daily basis.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Children are taught to protect themselves from accidental injury.

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Principles of good nutrition are taught and reinforced in the classroom.

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Children are taught about and develop healthy attitudes toward minor accidents and illnesses.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### Teachers

1. Teachers are provided with health education goals appropriate to their children.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Teachers are given in-service training in health education.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Teachers are provided with sequential materials for a coordinated health education program.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### Parents

1. Parents are taught to become skillful observers and reporters of their children's health symptoms and problems.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Parents are taught to manage the common place recurring health symptoms and problems of childhood.

Yes \_\_\_\_\_ No \_\_\_\_\_



3. Parents are taught to fully use the institutional health resources of their community and the talents of nurses, dentists, therapists and physicians who care for their children.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Parents are encouraged to protect themselves and their children from accidental injury.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Parents are encouraged to seek preventive medical and dental care promptly, as appropriate for illness and injury.

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Maintain their own personal hygiene and teach their children to do so.

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Parents are given information on how to prepare and serve foods that promote health.

Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Care	Yes	No
1. Are there emergency procedures established?		
2. Are they published and posted in a convenient place?		
3. Are emergency telephone numbers available and posted?  Do these include: a) Hospital b) Physician c) Fire d) Police		
4. Are personnel given training in first aid and emergency care?		
5. Is this done annually?		
6. Are new personnel given instruction in first aid and emergency care?		
7. Is transportation available at all times for emergency care?		
8. Is there a physician available on the premises?		
9. Is there a nurse available on the premises?		
10. Is one person identified as being responsible for notifying the hospital or emergency care facility?		
11. Is one person responsible for notifying parents?		
12. Is some one designated to treat minor injuries, cuts and bruises?		

Please attach any rules, procedures or pertinent material available.

# Illness

Yes

No

1. Is there a quiet area available to care for a child who becomes ill?		
2. Is there suitable equipment (i.e. bed and bedding) to cover child available?		
3. Are each child's records marked with any specific illnesses and injuries the child has?		
4. Is there information available to reach parents in case of illness during the day?		
5. Is there transportation available to take child home or to the hospital?		
6. Is there information present on who is the child's physician and where he may be located?		
7. Is there an infirmary at the school, if residential?		
8. If not, are there hospital facilities nearby?		

9. If the school maintains an infirmary, please include a description of the services available including:

Staff

Title

No. of students which can be accomodated

Services provided

### Employee Health Program

Do you maintain an employee health record?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please complete the following:

Records of Employees	Required Prior to Employment	On File	Required Annually	On File	Professional or Agency responsible for services	Required
1. Medical Examinations						
2. Tuberculin Tests						
Tyne Test						
Chest X-Ray						
Other						
3. Venereal Dis- ease Testing						

### Sick Leave Policies

1. Does the institution have sick leave policies for all personnel?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are these policies published or posted so employees know what they are?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If "yes", what is the sick leave policy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are there procedures for identifying and recording the nature of  
extended or chronic sickness of employees? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. Ancillary Services

Ancillary services should be provided for handicapped children needing them to improve and maximise their level of functioning. These services include psychological and medical service and should support the educational program.

Complete for each ancillary service (psychological-medical services)

1. Service Provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Goals of program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Number of personnel employed in this area  
Professional \_\_\_\_\_  
Para professional \_\_\_\_\_  
Other \_\_\_\_\_
4. How often is this service provided to the children on a regular basis?  
Everyday \_\_\_\_\_ 3 days a week \_\_\_\_\_  
Weekly \_\_\_\_\_ Other (specify) \_\_\_\_\_
5. How many children are served regularly by this program? \_\_\_\_\_
6. How many children need this program but do not receive it regularly?  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What types of initial assessments are provided to determine the child's needs?

Type of assessment	Instruments used	Person responsible

8. Is a written goal and prescriptions developed for each child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, are these included with each child's records?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does the person responsible for these services communicate goals and activities?

To parents Yes \_\_\_\_\_ No \_\_\_\_\_

To teachers Yes \_\_\_\_\_ No \_\_\_\_\_

To administrators Yes \_\_\_\_\_ No \_\_\_\_\_

10. How often is a child's progress evaluated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Therapy Program

1. Therapy provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Goals of the program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Number of personnel employed in this area

Professional \_\_\_\_\_

Para professional \_\_\_\_\_

Other \_\_\_\_\_

4. How often is the therapy provided to the children on a regular basis?

Everyday\_\_\_\_\_ Three days weekly\_\_\_\_\_ Weekly\_\_\_\_\_

Other (specify)\_\_\_\_\_

5. How many children are served regularly by this program? \_\_\_\_\_

6. How many children need this program but do not receive it regularly?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What type of initial assessment is provided to determine the child's need?

Type of assessment	Instrument used	Person responsible

8. What types of documentations of the child's progress is provided?

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9. What type of specialized equipment is provided for the program?

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Complete for each Therapy	Yes	No
1. All children needing services are included in the program.		
2. Are written goals and activities planned to meet the goals indicated in the child's records.		
3. In case of physically handicapped child does the doctor write prescriptions for treatment.		
4. Do therapist communicate these goals to:		
Parents _____		
Teachers _____		
Administrators _____		
5. Is there a regularly scheduled time for the therapy.		
6. Are children released from classes to attend therapy programs.		
7. Is the teacher working with the child in the classroom informed as to the recommendations, programs and progress of therapy services.		
8. Is there coordination of the educational and therapy program by the staff.		
9. Do teachers and therapist meet regularly to discuss child's progress.		
10. Are parents involved in the therapy program in which their child is involved such as a follow-through home program.		
11. Is the child's progress evaluated regularly.		
12. Do the support service consultants meet with therapist to advise and suggest treatment.		

Complete for each Therapy	Yes	No
1. All children needing services are included in the program.		
2. Are written goals and activities planned to meet the goals indicated in the child's records.		
3. In case of physically handicapped child does the doctor write prescriptions for treatment.		
4. Do therapist communicate these goals to:		
Parents _____		
Teachers _____		
Administrators _____		
5. Is there a regularly scheduled time for the therapy.		
6. Are children released from classes to attend therapy programs.		
7. Is the teacher working with the child in the classroom informed as to the recommendations, programs and progress of therapy services.		
8. Is there coordination of the educational and therapy program by the staff.		
9. Do teachers and therapist meet regularly to discuss child's progress.		
10. Are parents involved in the therapy program in which their child is involved such as a follow-through home program.		
11. Is the child's progress evaluated regularly.		
12. Do the support service consultants meet with therapist to advise and suggest treatment.		

E. Recreation

Through varied recreational experiences children should be provided opportunities for emotional release, creative expression and healthy socialization. Recreation programs based on the varied interests, needs and capabilities of children served, should include physical activities, outdoor and nature pursuits, creative pastimes, individual hobbies and social activities.

1. Is there an organized recreational program for children? Yes\_\_\_No\_\_\_

If yes, complete the following:

2. Who is responsible for recreation program?

\_\_\_\_\_

3. How many children are currently participating in recreational programs?\_\_\_

4. How many hours per day are recreational programs provided? \_\_\_\_\_

5. How many days per week are recreational programs provided? \_\_\_\_\_

6. What recreational activities are regularly scheduled during weekends for residential students?

Describe giving ages

Handicap	Age Group	Activities	Scheduled time

7. What creative activities are provided for the recreation program?  
List below.

Handicrafts	Activity	Age Group	Number of Participants	Time Allotted	Person Responsible
Music & Dance					
Drama					

8. Do you provide a sports program for the children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list sports offered, age group and sex and time allotted.

Handicap	Sport	Age group	Sex	Time Alotted

9. List of facilities available for sports:

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10. Who supervises the sports program?

Name

Title

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

11. Do the children at your institution have an opportunity to participate in sports programs in your community? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

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12. Do the children participate in State, Regional, or National sports programs geared to their particular handicaps? Number of children in each category.

Handicap	Event	State	Regional	National

13. List other recreation programs provided for children in recreation programs  
(not included above)

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14. Do your students use recreation facilities in the community? Yes \_\_\_ No \_\_\_  
If yes, describe \_\_\_\_\_

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15. Do volunteers from the community assist with recreation programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

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16. What types of special events does your institution place for the children?

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17. Do organizations and volunteers from the community provide assistance for  
special events for the children?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

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4/3

18. Do the children have an opportunity to share their accomplishments with others?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with other students? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With community? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does the institution have its own transportation for recreation activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

If no, describe how transportation is provided \_\_\_\_\_  
\_\_\_\_\_

20. What kinds of clubs or groups for the children exist at the institution?  
(Girl Scouts, Boy Scouts)

Club	Age group served	No. of children

21. Do parents participate in some of the recreational programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## VII. OPERATIONS

- A. General Patient Care
- B. Food Service
- C. Maintenance
- D. Transportation
- E. Fire Protection

## Institution Operations

### Introduction

For the purposes of accreditation, this section dealing with operations considers the areas of the operational areas of the institution which are necessary in order to support the programs. They will be evaluating the patient care, the food services, transportation and general maintenance of routine operations of the institution.

### Procedure

This section should be completed by the institution administrator with the assistance of those responsible for the areas concerned such as the director of food services, the accounting department and custodial services should participate in completing this section. (If information is not available write N.A. in the space provided for an answer).

A. General Patient Care

This section of the accreditation procedure is intended to evaluate the overall care provided for residential students at the institution.

1. Who is directly in charge of Residential Care provided children?

Name \_\_\_\_\_ Title \_\_\_\_\_

2. Does each residence hall have a

Director                      House parents                      Other

(Check appropriate box)

3. What is the overall ratio of child care workers directly involved in the supervision of children to the student population?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If different ratios are provided for different handicaps and age groups please indicate below

Handicap	Age Group	Ratio of Supervisors

5. If the ratio is different for night time care, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What type of daily schedule is maintained for the handicapped children at the institution?

Morning Schedule

Afternoon Schedule

Evening Schedule

7. What kinds of activities are provided to assure that handicapped children at the institution receive more than a custodial experience?

8. Are there any provisions for religion and religious training for the handicapped children at the institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. plain: \_\_\_\_\_

B. Food Services

A good food service should provide a nutritional meal for each student. Food should be of good quality, correctly prepared, and served in appropriate quantities in an atmosphere which acknowledges that dining is ideally a pleasant social occasion with an opportunity for learning.

1. How many children are served each day?

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

2. When are meal times?

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

3. Are allowances made for different age groupings? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Who is responsible for menu planning?

Name \_\_\_\_\_

5. Are menus published or made available in advance to parents each week?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are arrangements made for special dietary programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How are meals served? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Where are meals served? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Describe measures taken to insure cleanliness in food preparation

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10. Describe State requirements for health and food operations and how those are met

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### Social Process

1. How are children seated? Small Group \_\_\_\_\_ Individual \_\_\_\_\_

Family Style \_\_\_\_\_ Other \_\_\_\_\_

2. Who is responsible for insuring that students eat properly both in amount and manner? \_\_\_\_\_

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3. What arrangements are made for assistance in feeding handicapped children? \_\_\_\_\_

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4. What arrangements are made for seating handicapped children? \_\_\_\_\_

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C. Maintenance

If any programs are to operate within the institution, a clean orderly environment must be maintained. This section of the evaluation deals with maintenance of the institution facilities.

1. Who is responsible for general maintenance of the buildings and grounds?

Name \_\_\_\_\_

Title \_\_\_\_\_

2. Is there an established schedule of maintenance work performed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Who is responsible for reporting maintenance problems to the Director?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How often is each room cleaned and swept?

(complete the following)

Area	Frequency of Cleaning (i.e. daily, every other day, weekly etc.)			
	Daily	Every other day	Weekly	Other
1. Classrooms				
2. Hallways				
3. Dining Area				
4. Kitchen				
5. Sleeping Areas				
6. Lavatories				
7. Administration				
8. Recreational				
a. gyms				
b. residential recreation				
c. outside area				
9. Support Service Area				
10. Health Area				
11. Other				

5. Do you have separate staff for outside facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are some maintenance services contracted? Yes \_\_\_\_\_ No \_\_\_\_\_

7. How often is rubbish collected? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



8. Are older children encouraged to help with maintenance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Transportation

This section evaluates transportation services provided by the institution. If you do not provide transportation, omit this section.

1. List transportation services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the institution contract transportation services?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, supply name and address of contracting agency

Name \_\_\_\_\_

Address \_\_\_\_\_

3. Do you own your own vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a. How many vehicles do you own? \_\_\_\_\_

- b. What is the age and type of your vehicles?

Type of Vehicle	Model or Year

- c. How often are vehicles checked for safety and operation?

\_\_\_\_\_

- d. How often are they inspected by Supervisor? \_\_\_\_\_

4. What type of Insurance do you carry on the vehicles? \_\_\_\_\_  
\_\_\_\_\_

- a. What is the amount of liability? \_\_\_\_\_  
\_\_\_\_\_

5. How many drivers do you employ? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. What type of screening is done on drivers prior to employment?  
 (complete the following)

Procedure	Yes	No
License held		
References		
Police Record		
Accident Record		
Physical		
Vision Test		
Other (specify)		

7. Who is responsible for transportation schedules?

Name \_\_\_\_\_

Title \_\_\_\_\_

8. What provisions (such as wheelchairs) are made for specific handicapped children?

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Fire Protection

1. Describe fire alarm system used by your institution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If institution has automatic fire control system, list areas protected by the system \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe types of fire extinguishers used in institution:

Area	No. of fire extinguishers	Type of extinguisher

4. How often are the fire extinguishers checked?

\_\_\_\_\_

5. Describe written plan institution has for the following:

a. Fire drills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.

\_\_\_\_\_

\_\_\_\_\_

6. Are fire inspections conducted annually by local and state fire officials?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VIII. ADMINISTRATION

- A. General Information
- B. Governance
- C. Personnel Policies
- D. Finances
- E. Community Development
- F. Parent Involvement

## VIII. Administrative and Financial Operation

### Introduction

The major function of administration is to facilitate, to coordinate, and to improve the total operation of the institution. Its' skill in determining need and policies, revising policies, evaluating programs, (recruiting and selecting staff) and determining budget requirements will establish the ease with which program goals are accomplished. An implicit function of the administration is the accruing of needed financial resources and planning for the sound fiscal management of those funds. This section will also consider institutional issues such as parent involvement and community reactions.

### Procedures

The administrator most responsible for the overall operation of the institution should bring together those support individuals, i.e. bookkeepers, assistants, finance officers, supervisors, coordinators, etc., who can provide the necessary information prior to visitation regarding the following:

1. development of policies
2. system of pupil records and accounting
3. transportation needs
4. staffing and employment pattern
5. conditions of work
6. salary and fringe benefit package
7. organizational chart
8. job descriptions
9. evaluation criteria and forms
10. program evaluation forms

## Administration

### A. General Information

1. Please describe the institution briefly covering the following points
  - a. major goals and primary purposes of the institution
  - b. pertinent items in the historical development of the institution
  - c. special characteristics

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2. Describe the size and complexity of the institution by including the following:

- a. size of campus \_\_\_\_\_

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- b. size of student body (including Day & Residential)

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- c. size of staff \_\_\_\_\_

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- d. General description of physical plant (include map of school, if available) \_\_\_\_\_

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3. Describe the general administrative structure of the institution (i.e. Administrative officers and staffing; administrative units and programs; and how they fit into general structure of the institution.

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4. If institution is contemplating any major changes in organization or program in the next three years, describe briefly with anticipated time frame.

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B. Governance

1. Does the institution operate under a governing body?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

- a. Name of governing body \_\_\_\_\_
- b. Number of governing body \_\_\_\_\_
- c. How are they selected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Are any particular groups i.e. parents, represented on the governing body? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. How often do they meet? \_\_\_\_\_
- g. List responsibilities of governing body \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the institution incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date of incorporation \_\_\_\_\_

Status \_\_\_\_\_

State in which incorporated \_\_\_\_\_  
\_\_\_\_\_

3. If no governing body exists, please state who has the final responsibility for the Administration of the Program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are responsible agents of institute bonded?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Personnel Policies and Responsibilities

1. Does the institution have stated personnel policies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

2. Who was responsible for the development of the personnel policies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Was staff included in the development? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are copies of the policies made available to all staff members?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do the policies include the following:

	Yes	No
Hiring Procedures		
Length of workday		
Length of workweek		
Paid Holidays		
Vacation Provisions		
Fringe Benefits		
Resignation and termination procedures		
Tenure Provisions		
Salary schedule		
Inservice education and training provisions		
Health and Medical requirements		
Written job descriptions for:		
a. <u>Administrative Personnel</u>		
b. <u>Educational Personnel</u>		
c. <u>Ancillary Personnel</u>		
d. <u>Operation Personnel</u>		

# Evaluation of Personnel

1. Are all personnel evaluated periodically? Yes\_\_\_\_\_ No\_\_\_\_\_
2. If yes, complete the following listing which person is responsible for the evaluation of specific staff members and how frequently it is done.

STAFF	PERSON RESPONSIBLE (By Title)	FREQUENCY OF EVALUATION
<u>Administrative</u>		
Administrators		
Clerical		
Other		
<u>Educational</u>		
Administrative		
Supervisory		
Teachers		
Para-professional		
<u>Support</u>		
Health		
Social Services		
Ancillary		
Therapists		
Physical		
Occupational		
Speech		
Specialized, ie. music		
Recreational		
Other (specify		
<u>Operational</u>		
Food Service		
Maintenance		
Residential		
Transportation		

3. Are evaluations made part of employees records? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Are the results of evaluations shared with employees? Yes\_\_\_\_\_ No\_\_\_\_\_

## Personnel Records

1. Are personnel records kept on all employees? Yes \_\_\_\_ No \_\_\_\_
2. If no, please state whom they are not kept on and reasons for not keeping them \_\_\_\_\_  
\_\_\_\_\_
3. If yes, please complete the following:

Items included in Employee Records	Yes	No
Employee Application		
References Received		
Health Information		
Correspondence related to employee		
Termination Date		
Evaluation Reports		
Promction or Advancements		
Salary Adjustments		
Conferences held with employee		

Who has access to personnel records? \_\_\_\_\_

Where are they kept? \_\_\_\_\_  
\_\_\_\_\_

D. Finances

1. What is the total institutional budget for the current year? \$ \_\_\_\_\_
2. Who is responsible for the preparation of the budget?  
Name \_\_\_\_\_ Position \_\_\_\_\_
3. What is your fiscal year? \_\_\_\_\_
4. Who completes your audit? \_\_\_\_\_
5. Where are previous audit reports available for review? \_\_\_\_\_
6. Who monitors the use of funds after the approval of the budget?  
Name \_\_\_\_\_ Position \_\_\_\_\_
7. How are tuition costs determined? \_\_\_\_\_
8. What do they include? \_\_\_\_\_
9. If residential institution, does tuition include room and board?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. If no, what is the room and board charge? \$ \_\_\_\_\_
10. List services for which additional charges are made beyond tuition

Service	Charge

What is the total institutional budget for the current fiscal year? \_\_\_\_\_

Please supply the following financial information

I. Administrative Expenditures

including:

Salaries	_____
Employee Benefits	_____
Supplies	_____
Insurance	_____
Utilities	_____
including lights, heat, telephone	_____
Parent Services	_____

TOTAL \_\_\_\_\_

II. Educational Program

Salaries \_\_\_\_\_

Instruction materials \_\_\_\_\_

Supplies \_\_\_\_\_

Equipment \_\_\_\_\_

Library &  
Media Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

III. Support Services Expenditures

a. Social Services

Salaries \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

b. Health Services

Salaries \_\_\_\_\_

Contracted  
Services \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

c. Psychological  
& Medical

Salaries \_\_\_\_\_

Contracted  
Services \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

d. Therapies

Salaries \_\_\_\_\_

Contracted  
Services \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

e. Recreation

Salaries \_\_\_\_\_

Contracted  
Services \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

Transportation \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

IV. Operational Expenditures

a. Residential

Salaries \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

b. Food Service

Salaries \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

Food Costs \_\_\_\_\_

TOTAL \_\_\_\_\_

c. Maintenance

Salaries \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

d. Transportation

Salaries \_\_\_\_\_

Vehicles \_\_\_\_\_

Maintenance \_\_\_\_\_

Supplies &  
Equipment \_\_\_\_\_

Materials \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

TOTALS

Administrative \_\_\_\_\_

Educational Program \_\_\_\_\_

Support Services \_\_\_\_\_

Operational \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_



Income Sources

Indicate the sources of funds for your institution by completing the following:.

Income received from

State Support	\$ _____
Tuition Payments	\$ _____
Residential Fees	\$ _____
Gifts & Donations	\$ _____
Federal Funds	\$ _____
Other (specify)	\$ _____

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Total Income

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States providing funds for services.

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## E. Community Involvement

1. How is the community made aware of the institutions program?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. What kinds of activities are the community encouraged to participate in at the institution?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3. Does the institution conduct "open house" or similar activities?  
Yes \_\_\_\_ No \_\_\_\_ . If yes, how frequently?

4. Are all the children in the institution participating in activities within the community? Yes \_\_\_\_ No \_\_\_\_ . If yes, how often do they participate?  
Regularly \_\_\_\_ Frequently \_\_\_\_ Occasionally \_\_\_\_ .

5. Do only some of the children in the institution participate in the activities in the community? Yes \_\_\_\_ No \_\_\_\_ . If yes, please indicate below those permitted to participate

No. of Children	Age	Type of Handicap	Activity participated in

6. Is there a procedure whereby all available parent and community resources are identified? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there a procedure whereby parents and community resources are employed in the following

- |                                     |          |         |
|-------------------------------------|----------|---------|
| a. Academic enrichment to program   | Yes ____ | No ____ |
| b. Volunteers                       | Yes ____ | No ____ |
| c. Special projects i.e. field trip | Yes ____ | No ____ |
| d. Recreation Programs              | Yes ____ | No ____ |

8. Are community leaders included on the Policy Making Board of the Institution? Yes \_\_\_\_ No \_\_\_\_.

a. If yes, How are they selected? \_\_\_\_\_

b. If yes, How many serve in this capacity? \_\_\_\_\_

F. Parent Involvement

1. Does the institution have a planned procedure for the involvement of parents which is in written form? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is "yes", attach a copy of this procedure to this form.
2. Does the institution have activities which encourage parent participation? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is "yes", provide an estimate of the frequency of these activities by checking one of the following:

Weekly \_\_\_\_\_ Yearly \_\_\_\_\_ Monthly \_\_\_\_\_

3. Is there a program to train parents to understand and assist their handicapped child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", describe briefly or provide a copy of existent materials.

\_\_\_\_\_

\_\_\_\_\_

4. Is there an established procedure to provide for parent participation when appropriate policy decisions are being made by your institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", describe or provide a copy of existent materials.

\_\_\_\_\_

\_\_\_\_\_

5. Does a parent serve on the policy board of the institution? Yes \_\_\_\_\_ No \_\_\_\_\_

- a. If yes, how are they selected? \_\_\_\_\_  
\_\_\_\_\_
- b. How many parents serve in this capacity? \_\_\_\_\_

6. Is there a procedure established for identifying parent resources? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are parents involved in the fund raising activities of the institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify activities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

8. Do parents conduct separate fund raising events? Yes \_\_\_\_\_ No \_\_\_\_\_
- a. If yes, how many? \_\_\_\_\_
- b. Please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. How much financial aid do these activities raise? \$ \_\_\_\_\_ yearly.  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe how this money is used. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does your program include regular opportunities for the parent to participate in activities with his child? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Organization

If your institution has a parent organization, please complete the following:

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Chief Officer \_\_\_\_\_

Purposes: \_\_\_\_\_

How are parents encouraged to become members?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Must parents pay a membership fee to become members? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state amount \_\_\_\_\_.

How often does the organization as a whole meet?

Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Every other month \_\_\_\_\_ Other \_\_\_\_\_  
(specify).

How many parents belong to the organization? \_\_\_\_\_

Is there a governing board of the organization? Yes \_\_\_\_\_ No \_\_\_\_\_

How large is it? \_\_\_\_\_

During the past year, what are some of the activities of the parent organization?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

(Please use extra pages if necessary)

What training programs involve the parents?

\_\_\_\_\_

\_\_\_\_\_